



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs)
Participating in the Virginia Medical Assistance Program

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 7/17/18

SUBJECT: Implementation of Common Core Formulary in the Medallion 4.0 Managed
Care Program - Effective August 1, 2018

The purpose of this memorandum is to share information regarding **uniform drug coverage** for Medicaid members enrolled in the Medallion 4.0 program with contracted Medicaid health plans.

Medallion 4.0 is the Department's next iteration of the long-standing Medallion II and 3.0 Medicaid and FAMIS Managed Care Programs that will focus on improving quality, access and efficiency. Medallion 4.0 will operate statewide across six regions serving approximately 740,000 Medicaid and FAMIS members. Medallion 4.0 will focus on member-centric care for pregnant women, infants, children and parents/caregivers.

Medallion 4.0 will launch in the Tidewater region on August 1, 2018 and will be phased-in across six regions of the Commonwealth. Medallion 4.0 will be fully implemented and operate statewide by January 1, 2019. The full launch schedule is available as follows:

- August 1, 2018 Tidewater
- September 1, 2018 Central Virginia
- October 1, 2018 Northern/Winchester
- November 1, 2018 Charlottesville/Western
- December 1, 2018 Roanoke/Alleghany/Southwest

DMAS has contracted with six health plans to provide services for Medallion 4.0 members. Aetna Better Health of Virginia, Anthem HealthKeepers Plus, Magellan Complete Care of Virginia, Optima Health, United Healthcare and Virginia Premier Health Plan will be providing statewide services beginning August 1, 2018. These are the same health plans currently participating in the Commonwealth Coordinated Care (CCC) Plus program. **As part of the integrated delivery model, DMAS is requiring the Medallion 4.0 health plans to adopt a Common Core Formulary.**

The Common Core Formulary includes all the “preferred” drugs on DMAS’ Preferred Drug List (PDL). The DMAS PDL currently includes 90 drug classes; therefore, the health plans’ formularies will be more extensive. **Medallion 4.0 health plans are required at a minimum to cover all “preferred” drugs on Virginia Medicaid’s PDL.** The health plans can add drugs to the Common Core Formulary but **cannot** remove drugs or place additional restrictions (such as prior authorizations, step therapies, and quantity limits) for drugs included on the Common Core Formulary. **For drugs not included on the DMAS PDL (e.g., oral oncology drugs, HIV drugs, etc.), each health plan will publish a formulary with the plan’s covered drugs.**

Providers can access the DMAS PDL at <https://www.viriniamedicaidpharmacyservices.com>. **Please note that the Common Core Formulary does not apply to Medicaid members that receive Medicare benefits and full Medicaid benefits (dual eligible). Drug benefits for dual eligible members are defined by the member’s Medicare Part D plan and not DMAS.**

DMAS has established a mailbox for providers to send their questions regarding Common Core Formulary drug coverage issues for members enrolled in Medallion 4.0 and CCC Plus. Issues related to drug denials for preferred drugs on the DMAS PDL should be sent to CommonCoreFormulary@dmass.virginia.gov.

Additional information about the Common Core Formulary can be found at http://www.dmass.virginia.gov/Content_pgs/mltss-proinfo.aspx.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department’s managed care programs: Medallion 3.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual’s managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:
http://www.dmass.virginia.gov/Content_pgs/mc-home.aspx
- Medallion 4.0:
http://www.dmass.virginia.gov/Content_pgs/medallion_4-home.aspx

- Commonwealth Coordinated Care Plus (CCC Plus):
http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long-term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long-term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

HELPLINE

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change

from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>